

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90005 003 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053704

1. Corporation Name

TRAFALGAR MANAGEMENT SERVICES, INC.



Principal Place of Business

**400 WEBSTER STREET
LEESBURG FL 34748
US**

Mailing Address

**400 WEBSTER ST
LEESBURG FL 34748
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3228431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MINKOFF, SANFORD A
226 WEST ALFRED ST.
TAVARES FL 32778**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SMITH, MALCOLM S**
STREET ADDRESS **400 WEBSTER ST**
CITY-ST-ZIP **LEESBURG FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **MILLS, IAN L**
1.3 STREET ADDRESS **400 WEBSTER STREET**
1.4 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **STD** ☐ DELETE
NAME **SMITH, MARK M N**
STREET ADDRESS **400 WEBSTER ST**
CITY-ST-ZIP **LEESBURG FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **MILLS, JULIET A**
2.3 STREET ADDRESS **400 WEBSTER STREET**
2.4 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ DELETE
NAME **WITHINGTON, JACK R**
STREET ADDRESS **5520 ROSEWALL CIRCLE**
CITY-ST-ZIP **LEESBURG FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **WITHINGTON, JACK R**
3.3 STREET ADDRESS **35116 HAINES CREEK ROAD**
3.4 CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P93000053704
604808-90005-3

Trafalgar Management Services Inc.

Business Management and Engineering Consultants.

400, Webster Street,
Leesburg,
Florida, 34748.

Automated Telephone/Fax System 352-728-3922
email:- trafalgarC@aol.com

Our Ref:- MSS/1034/jas

Your Ref:-

Date :- 26th July 1999.

Florida Department of State.
Division of Corporations.
P.O.Box 6327,
Tallahassee, FL 32314.

Dear Sirs,

The purpose of this letter is to explain why the attached Corporation Annual Report check is for \$150-00 rather than the \$550-00 normally due after 1st of May.

I mailed the original Corporation Annual Report with a check for \$150-00 from my office in England on February the 14th 1999. It is apparent the report was never received by you office as we have recently been forwarded a second notice for completion. When our CPA called your office to explain that the report had been mailed well before the 1st of May deadline a representative in your division recommended that he send a check for \$150-00 with the completed second notice along with a letter explaining the situation.

Finally we thank you for your kind consideration in this matter and apologise for any inconvenience the situation may have caused.

Should you have any questions relating to this matter please do not hesitate to contact our CPA, Mr Mark Emery on (352) 787-3445.

Yours faithfully,



Malcolm.S.Smith.
President - TRAFALGAR MANAGEMENT SERVICES INC.